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To:	Commissioner for Patents	From:	Laura L. Shires
Fax:	(571) 273-8300	Pages:	4 (including cover page)
Phone:		Date:	December 21, 2005

Comments: OFFICIAL FILING – REVOCATION OF POWER OF ATTORNEY  
WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE  
ADDRESS

**Application No.:** 10/798,465

**Filing Date:** March 11, 2004

**Title:** SURGICAL FASTENER

**Inventor(s):** Michael D. LAUFER et al.

**Examiner:** G. Dawson

**Group Art Unit:** 3731

**Attorney Docket No.:** LAUFNZ00200

Papers attached:

1. Transmittal – 1 page
2. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, by inventors – 2 pages

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PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

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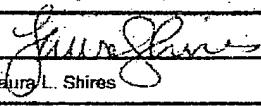
Application Number	10/798,465
Filing Date	March 11, 2004
First-Named Inventor	Michael D. LAUFER
Art Unit	3731
Examiner Name	G. Dawson

Attorney Docket Number

LAUFNZ00200

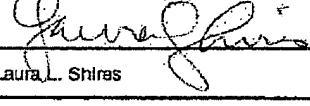
ENCLOSURES (Check all that apply)		
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Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Levine Bagade LLP (Customer No. 40518)		
Signature			
Printed name	Laura L. Shires		
Date	December 21, 2005	Reg. No.	52,222

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Typed or printed name	Laura L. Shires		
	Date	December 21, 2005	

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PTO/SB/82 (04-05)

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REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/798,465
Filing Date	March 11, 2004
First Named Inventor	Michael D. LAUFER
Art Unit	3731
Examiner Name	G. Dawson
Attorney Docket Number	LAUFNZ00200

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number: 

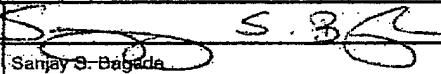
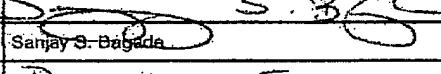
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Country			
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature Name  Sanjay S. BagadeDate  Telephone 

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 2 forms are submitted.

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Application Number	10/798,465
Filing Date	March 11, 2004
First Named Inventor	Michael D. LAUFER
Art Unit	3731
Examiner Name	G Dawson
Attorney Docket Number	LAUFN200200

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

40518

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

40518

OR

Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Michael D. LAUFER

Date

12 - 16 - 2005

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

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